



**COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE COMPTROLLER**

**PRIOR YEAR DEFICIENCY APPROVAL FORM
OBLIGATIONS MADE AND ACCEPTED WITHOUT A CONTRACT**

[Includes obligations exceeding a Contract's maximum obligation or dates of performance]

PAYMENT FISCAL YEAR _____

APPROPRIATION ACCOUNT NUMBER _____

PAYMENT VOUCHER DOCUMENT ID NUMBER (PV/S ARE ATTACHED): **AMOUNT**

Description of Performance requiring payment as a Prior Year Deficiency: (Include need for performance, items, performance, dates of performance, when performance was accepted, object code, etc.)

Please provide detailed reason why obligations were incurred and performance accepted without a valid contract in place in violation of M.G.L. c. 7A §5, M.G.L. c. 29 and other contracting requirements.

Detail corrective actions taken to avoid this situation in the future:

The undersigned signatory(ies) authorizes payment of the identified prior year deficiency(ies) and certifies that the department requested and accepted the identified commodities, services or other obligations for which payment is requested within the fiscal year listed above, and further certifies that the information contained on this form and any attachments are accurate and comply with all applicable laws and regulations, and further certifies that administrative steps are being implemented at the department to ensure that deficiencies in violation of M.G.L. c. 7A §5, M.G.L. c. 29 and other contracting requirements do not occur in the future.

X _____ Date: _____
Department Head

X _____ Date: _____
Secretary